

**REMARKS**

Claims 26-37 were pending in the application. Claims 28, 29, 32 and 35 are cancelled herewith. Claims 27, 30, 31, 32 and 34 are amended herewith. Claims 38-47 have been added.

A claim of domestic priority was made under 35 U.S.C. Section 119(e). Applicant respectfully requests an acknowledgement of the priority claim.

It is respectfully requested that the 35 USC 103 rejection of still pending claims 27, 30, 31, 32, 34, 36 and 37 be withdrawn and these claims as well as newly added claims 38 through 47 be allowed for the following reasons.

The claims of the application have been amended to more specifically recite the steps of auditing a cardiac emergency readiness program of a facility and then certifying the program. More specifically, the sole independent claim 26 has been amended to recite “auditing the program to determine if the program has met certain minimum requirements including proper placement of at least one automated external defibrillator at the facility so as to assure a predetermined proximity ...to any victim of sudden cardiac arrest”. Claim 26 then further recites “certifying the facility as having a ...program which has met certain minimum requirements including proper placement of the at least one automated external defibrillator...” It is respectfully submitted that neither of the disclosures cited in the Office Action dated July 6, 2007 disclose certifying the cardiac emergency readiness program of a facility as meeting certain minimum standards let alone auditing the facility to determine if the minimum standards have been met prior to such certification.

The disclosure entitled “Providing Automated External Defibrillation”, 1995 (hereinafter PAED), relied upon in the 354 USC 103 rejection, does not appear to discuss a cardiac emergency readiness program for a facility of any kind, or mention the auditing of a facility to determine if it has met certain minimum requirements. and then certifying the facility if it has. Rather PAED discusses a New York state law which set forth certain conditions which had to be

met before a “certified first responder” or “emergency medical technician” could use an automated external defibrillator or AED. There appears to be no discussion of cardiac emergency programs in facilities, auditing such programs in facilities or certifying facilities having programs which meet certain minimum requirements. The Examiner is therefore requested to reconsider the PAED disclosure since, contrary to the Examiner’s statement that PAED “discloses a method of providing a cardiac emergency readiness program at a facility” and “certifying that the cardiac emergency readiness program has met certain minimum requirements”, PAED appears to be devoid of any mention of a cardiac emergency readiness program at a facility, or auditing that program, or certifying such a program assuming certain minimum standards have been met. The only facility which appears to be mentioned by PAED is a hospital which might receive a patient delivered by the EMS, and there appears to be no discussion of auditing or certifying any cardiac emergency readiness program that the hospital might have. The word “certified” appears to be only used in PAED in connection with the qualifications of an emergency responder and not a facility or a cardiac emergency readiness program for a facility.

The other disclosure cited by the Examiner in the 35 USC 103 rejection, Becker et al., “Public Locations of Cardiac Arrest: Implications for Public Access Defibrillation,” 1998 (hereinafter Becker) does discuss facilities and AED programs for facilities. Although Becker does arguably disclose a certain minimum standard for locating AEDs in proximity to a victim of sudden cardiac arrest as part of an AED program, there appears to be no disclosure of auditing such programs to determine if they meet certain minimum standards and then certifying the programs if they do. Rather, Becker makes a recommendation as to where AEDs should be located at a facility but does not appear to teach or suggest an audit of the facility to determine where AEDs are located and then certification of the facility if the AEDs are placed at the proper locations.

In conclusion, neither PAED or Becker taken alone or in combination appear to disclose the

auditing of a facility's cardiac emergency readiness AED program to determine if that program meets certain minimum standards. Furthermore, neither PAED or Becker taken alone or in combination appear to disclose the certifying of a facility if the facility's cardiac emergency readiness program as audited meets certain minimum standards. It is therefore respectfully submitted that the 35 USC 103 rejection of independent claim 26 which is amended herewith should be withdrawn.

In addition to the reasons set forth above, Claim 26 as well as dependent claims 27, 30, 31, 33 and 34 are patentable over PAED and/or Becker since these claims recite specific minimum requirements for which a facility's cardiac emergency readiness program is audited and then certified. Auditing and then certifying a facility's cardiac emergency readiness program for these specific requirements does not appear to be disclosed by PAED or Becker since there is no auditing or certifying with respect to any minimum requirements of a facility's program disclosed by PAED OR Becker.

Favorable consideration is also requested with respect to dependent claims 36-47 which recite specific facilities in which the cardiac emergency readiness programs are audited and certified.

Respectfully submitted,

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